

PROB 12B  
(7/93)

United States District Court  
for  
District of New Jersey

**Request for Modifying the Conditions or Term of Supervision  
with Consent of the Offender**  
*(Probation Form 49, Waiver of Hearing is Attached)*

Name of Offender: Elior Rosenkrantz

Cr.: 05-00797-001  
PACTS Number: 42369

Name of Sentencing Judicial Officer: The Honorable Joseph A. Greenaway, Jr.

Date of Original Sentence: 01/30/07

Original Offense: Bulk Cash Smuggling; Making False Statements to the Department of Homeland Security

Original Sentence: 41 Months Imprisonment; 3 Years Supervised Release

Type of Supervision: Supervised Release

Date Supervision Commenced: 11/6/09

**PETITIONING THE COURT**

[ ] To extend the term of supervision for \_\_\_\_\_ Years, for a total term of \_\_\_\_\_ Years.  
[X] To modify the conditions of supervision as follows. The addition of the following special condition(s):

The defendant shall participate in a mental health program for evaluation and/or treatment as directed by the U.S. Probation Office. The defendant shall remain in treatment until satisfactorily discharged and with the approval of the U.S. Probation Office.

**CAUSE**

The offender suffers from depression and is in need of mental health treatment and counseling.

Respectfully submitted,

By: Leslie M. Vargas

U.S. Probation Officer

Date: 03/09/10

**THE COURT ORDERS:**

[] The Modification of Conditions as Noted Above  
[] The Extension of Supervision as Noted Above  
[] No Action  
[] Other

*M. J. Z. L.*  
Signature of Judicial Officer, by designation  
U.S. District Court  
3/22/10 Date  
District Court

ACKNOWLEDGMENT AND REQUEST FOR HEARING

I, Elior Rosenkrantz, hereby acknowledge receipt of the Notice of Request for Modification of the Conditions of Probation, and request a hearing thereon with my reasons stated below:

Signed: \_\_\_\_\_  
(Date)

ACKNOWLEDGMENT AND WAIVER OF HEARING

I, Elior Rosenkrantz, hereby acknowledge receipt of the Notice of Request for Modification of the Conditions of Supervision. I have read the Notice and understand that I have the right to a hearing before the Court on that request and to the assistance of counsel at the hearing. However, I hereby waive (give up) my right to a hearing and agree to the proposed modifications of conditions of probation. I also certify that no promises have been made to me in order to induce me to give up my right to a hearing.

Signed: \_\_\_\_\_  
(Date)

WITNESS:

Maureen O'Hara

Name

1600 Arch St., Suite 2400, Phila, PA 19106

Address